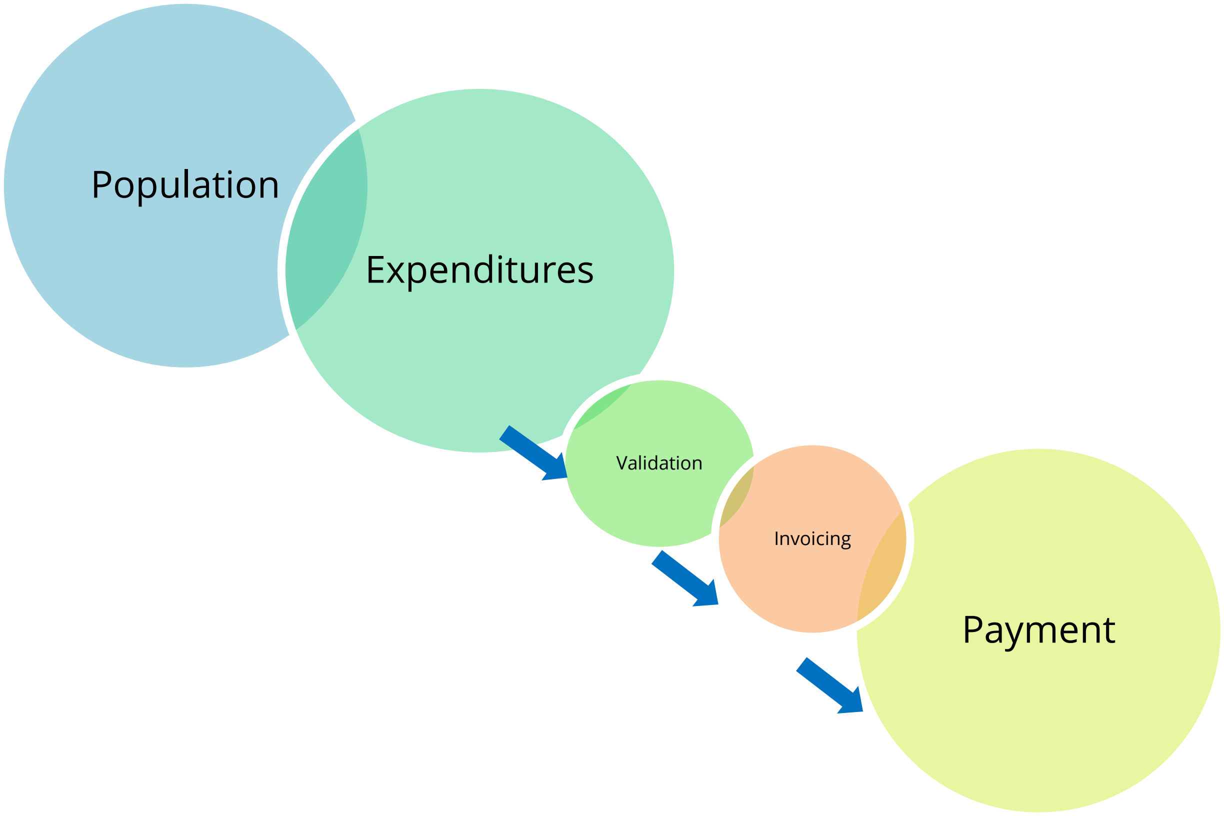
Department of
Intellectual &
Developmental Disabilities

Family Support
Program

Claims & Reporting Process

User's Guide

Updated: July 2015



INTRODUCTION

The Department of Intellectual and Developmental Disabilities (DIDD), herein referred to as the Department, underwent an audit in which it was evident that data collection could be improved, and thus enabling the Department to gather data for future planning efforts to expand developmental disability services.

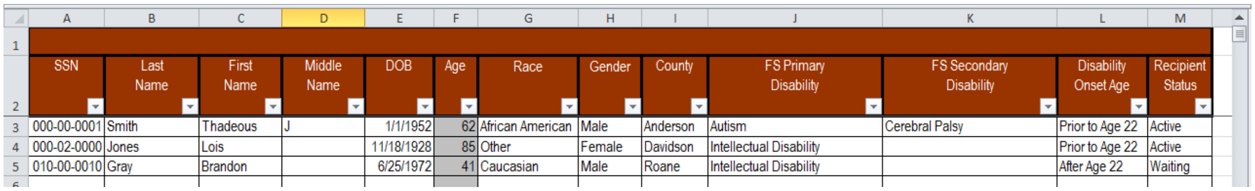
In response to this audit finding, the Department developed a standardized reporting method for the Family Support Program (FSP) providers, herein referred to as providers. The new report will be referred to as the Family Support Claims Report.

THE “FAMILY SUPPORT CLAIMS REPORT” WORKBOOK

The Family Support Claims Report workbook is a tool for reporting each Family Support recipient’s demographics **(POPULATION TAB)** and transactions throughout the month (or quarter) **(EXPENDITURES TAB)**. The workbook has four (4) tabs. Each tab will be covered in this user’s guide.

REPORTING - POPULATION

The Population tab serves as the “Demographics Reporting” for the providers. Once an individual has been entered into the Population tab, the provider will not be required to enter that person’s demographics again. It is critical that this data is entered accurately and maintained.



SSN	Last Name	First Name	Middle Name	DOB	Age	Race	Gender	County	FS Primary Disability	FS Secondary Disability	Disability Onset Age	Recipient Status
000-00-0001	Smith	Thadeous	J	1/1/1952	62	African American	Male	Anderson	Autism	Cerebral Palsy	Prior to Age 22	Active
000-02-0000	Jones	Lois		11/18/1928	85	Other	Female	Davidson	Intellectual Disability		Prior to Age 22	Active
010-00-0010	Gray	Brandon		6/25/1972	41	Caucasian	Male	Roane	Intellectual Disability		After Age 22	Waiting

Entering the data:

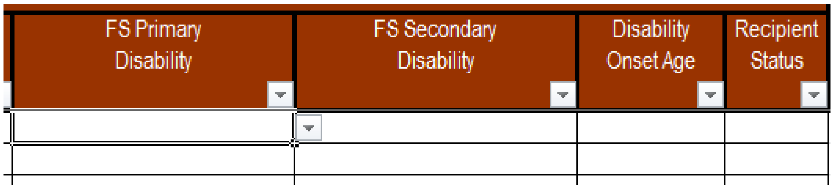
You will begin by entering the Social Security Number (SSN), Last Name, First Name, Middle Name (optional) and Date of Birth (DOB) for the individual. The system will calculate the age based on the date of birth.

SSN	Last Name	First Name	Middle Name	DOB	Age

You will then provide the Race, Gender, and County of residence for the individual. These fields are populated by drop-down boxes. Please select from one of the provided items in each category.

Race	Gender	County

The FS Primary Disability, FS Secondary Disability (optional), Disability Onset Age for the individual, and Recipient Status are the last items to be entered. These fields are populated by drop-down boxes. Please select from one of the provided items in each field/category. Please note that if you are required to select "Other" for a disability, an email must be provided to the DIDD State Coordinator for Family Support so they can enter the disability to which "other" is referring. Additional information may be required for verification.



FS Primary Disability	FS Secondary Disability	Disability Onset Age	Recipient Status

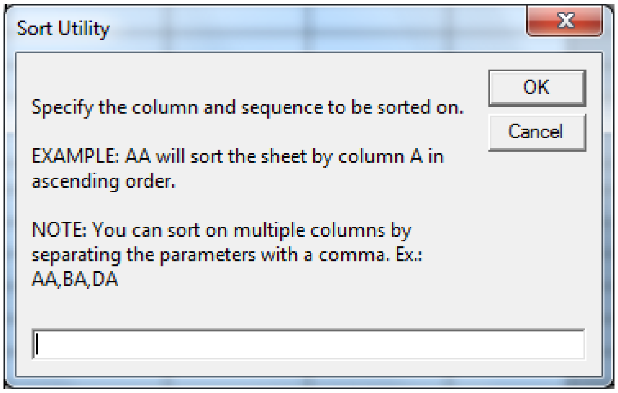
Special Notes & Helpful Hints:

An individual's information must be entered in the Population tab prior to entering any information in the Expenditure tab.

To "Copy and Paste" – The Claims Report will allow for pasting data from a separate data source. However, due to the fact that the report is protected and some of the cells/columns are also protected, pasting data has to be done in phases. You may paste the data per column or you may paste the data in sections. It is recommended that the data in the source document be structured in the same columns as the Claims Report. This will allow for easier processing when copying and pasting. When pasting data from the data source, it is recommended that you select "Paste Value." See Helpful Hints on page 9 for additional assistance.

To Sort a column(s) – Ctrl+Shift+S – By pressing Ctrl+Shift+S, you will open the sort function. You will be able to sort up to twenty (20) columns.

- You will enter the column by which you want to sort. For example, if you want to sort by Last Name, you will enter B. If you want to sort by County, you will enter I. Then you will need to tell the function if you want to sort



Specify the column and sequence to be sorted on.

EXAMPLE: AA will sort the sheet by column A in ascending order.

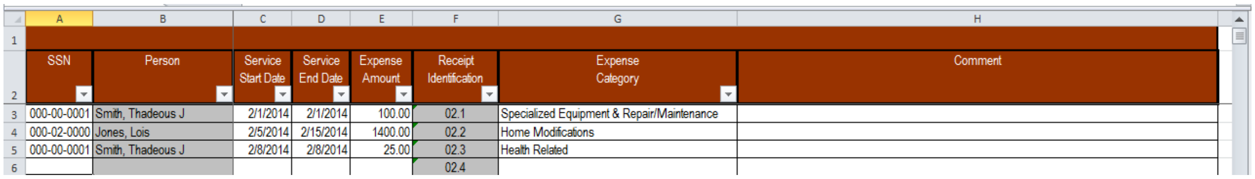
NOTE: You can sort on multiple columns by separating the parameters with a comma. Ex.: AA,BA,DA the data in ascending or descending order. This is done by entering an A or D after the column. After you have entered the column by which you wish to sort, and the order sequence, press the OK button.

- To Sort by multiple columns you would enter the primary sort column and the order sequence, separated by a comma then the secondary sort column and the order sequence. You may also enter another comma and a third sort column.

To filter data - All columns have the capability to “filter” the information being displayed.
Example: In the Population tab, if you wish to look at only individuals from a particular county, you would click the arrow ▼ in the column header to display a list in which you can filter choices. Unclick the “Select All” box to unselect all and then select the county you with to view by checking the box beside it. This can also be done if you want to filter out only those who have a particular disability.

REPORTING - EXPENDITURES

The Expenditure tab serves as “Claims Reporting.” All expenditures (transactions/claims) for which goods and/or services have been provided, funds have been paid, and a valid receipt has been obtained, will be reported for the active or previous months. These transactions can be reported in chronological order by service date or by individual (Person). The claims that are submitted will be verified by the DIDD State Coordinator for Family Support (10% random sampling). Each claim will be required to have supporting receipts for the goods/services. Once the sample claims have been verified, an invoice will be generated and submitted to DIDD Accounts Payable (A/P) for payment.



SSN	Person	Service Start Date	Service End Date	Expense Amount	Receipt Identification	Expense Category	Comment
000-00-0001	Smith, Thadeous J	2/1/2014	2/1/2014	100.00	02.1	Specialized Equipment & Repair/Maintenance	
000-02-0000	Jones, Lois	2/5/2014	2/15/2014	1400.00	02.2	Home Modifications	
000-00-0001	Smith, Thadeous J	2/8/2014	2/8/2014	25.00	02.3	Health Related	
					02.4		

Entering the data:

You will begin by selecting the individuals Social Security Number (SSN) or Name (Person) from the drop-down box or entering the SSN or Name of the individual for which the expenditure is related. The report is setup so the SSN will be the default source of entry. If you wish to change the settings to allow you select by name see the notation on page 10. If SSN or Name is manually entered, it must match the SSN or Name on the Population tab. The system will populate based on the information entered. If you have not entered the individual in the Population tab, you will not be able to enter his/her transaction. Remember, you can copy and paste this data, therefore, you are able to copy and paste the expenditure data.

SSN	Person
011-12-2333	Smith, Thaddeus

Continue the claim by entering the transaction dates. Once you enter the Service Start Date, the Service End Date will auto-populate. If the transaction took place within one (1) day, the start and end date will remain the same. You can key over the end date if you need to change it. If the transaction took place over a span of time, please enter the appropriate start and end dates.

Enter the amount that has been paid to the vendor/family. If this is a large project and you have to make a deposit payment now and a final payment later, please refer to the Special Notes in this section.

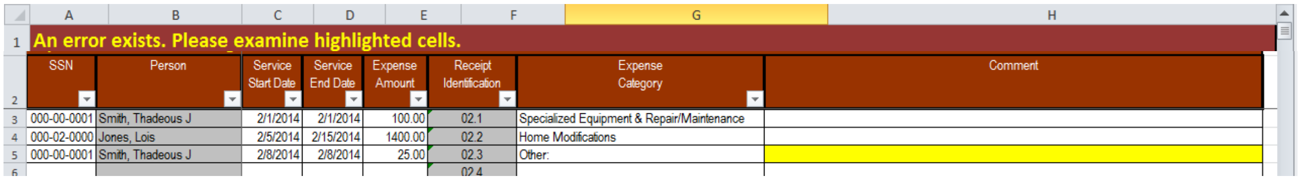
The Receipt Identification is a number that corresponds with the transaction entered. The provider shall write this number on all receipts that are related to this transaction for verification purposes.

Service Start Date	Service End Date	Expense Amount	Receipt Identification
2/1/2014	2/1/2014	$100.00	02.1
			02.2

The last piece of information required for the transaction entry is the Expense Category (i.e. Service). This field has a drop-down box for you to select the service for this transaction. General definitions related to these services can be found in the Family Support Guidelines in Appendix D. When selecting "Other" as an

Expense Category, you are required to list what the other service is in the comment section. The system will generate an “error message” if this section is not completed. A sample is below.

Expense Category	Comment
Before/ After Care	
Other	Legal Fees



An error exists. Please examine highlighted cells.

SSN	Person	Service Start Date	Service End Date	Expense Amount	Receipt Identification	Expense Category	Comment
000-00-0001	Smith, Thadeous J	2/1/2014	2/1/2014	100.00	02.1	Specialized Equipment & Repair/Maintenance	
000-02-0000	Jones, Lois	2/5/2014	2/15/2014	1400.00	02.2	Home Modifications	
000-00-0001	Smith, Thadeous J	2/8/2014	2/8/2014	25.00	02.3	Other:	
					02.4		

Special Notes & Helpful Hints:

The invoice that will be submitted to A/P will be generated from the transactions entered in this workbook. The claims must be received by the Department, at DIDD.familysupport@tn.gov, on or before the 30th of the month following the month or quarter (based on when the agency submitted the claim) for which claims are being processed. If the 30th falls on a weekend or state holiday, the claims will be due the following business day. All claims must have valid receipts maintained by the provider for verification purposes. A 10% sampling of claims will be verified before the invoice is submitted to A/P for processing.

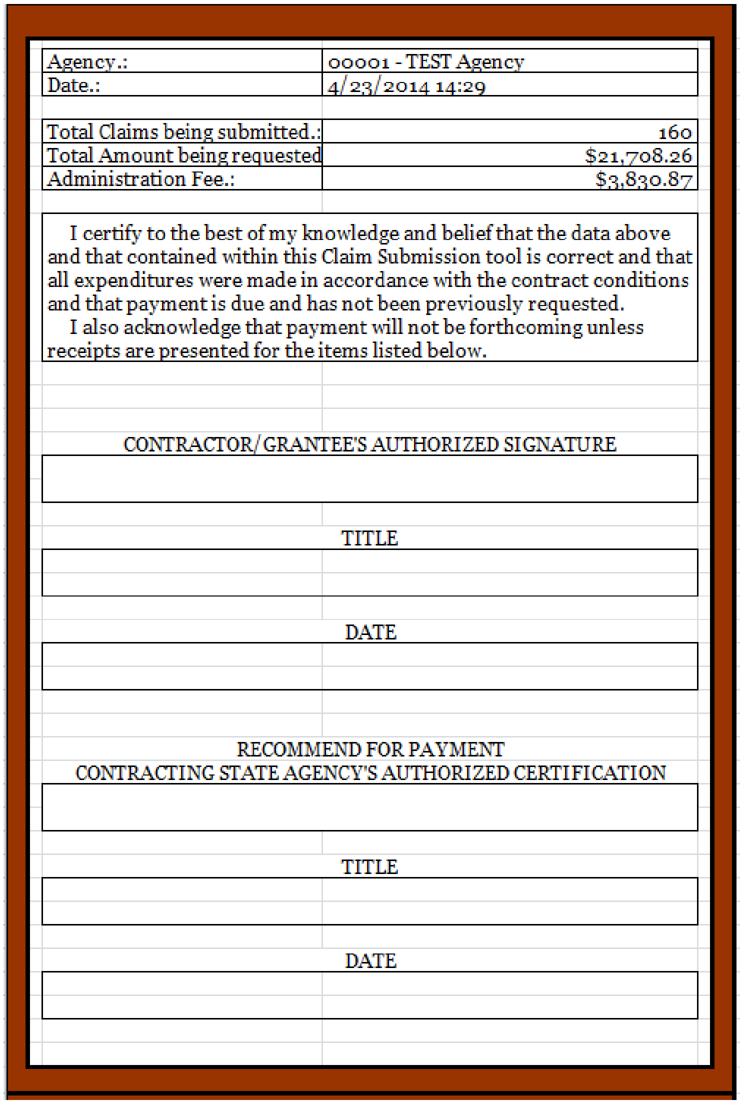
Claims can only be processed for goods and/or services that have been provided, for which funds have been paid to the vendor/family and a valid receipt has been received.

> Example: If a large project has been approved such as home repairs for $1,000, and a $500 deposit is paid to begin the project and $500 balance paid at completion, the provider would list the first $500 deposit in the month that funds were paid to the vendor. A receipt should be obtained that will indicate a deposit has been paid and reflect a balance is due. When the balance of $500 is paid, the provider will list those funds as being paid for the

month in which they were paid and obtain a receipt that the balance was paid.

CERTIFICATION PAGES

The Certification Pages serve two (2) functions at the close of the month (or quarter). The first is the provider's signature and certification that the claims processed are in accordance with the contract and payment has been requested, see example. The second is the 10% sample of expenditures for verification. The generation of the 10% receipt sampling can only be completed when the Certification page is printed. This is accomplished by pressing CTRL SHIFT C. This will also edit the Population and Expenditure sheet.



Agency.:	00001 - TEST Agency
Date.:	4/23/2014 14:29

Total Claims being submitted.:	160
Total Amount being requested	$21,708.26
Administration Fee.:	$3,830.87

I certify to the best of my knowledge and belief that the data above and that contained within this Claim Submission tool is correct and that all expenditures were made in accordance with the contract conditions and that payment is due and has not been previously requested.
I also acknowledge that payment will not be forthcoming unless receipts are presented for the items listed below.

CONTRACTOR/GRANTEE'S AUTHORIZED SIGNATURE

TITLE

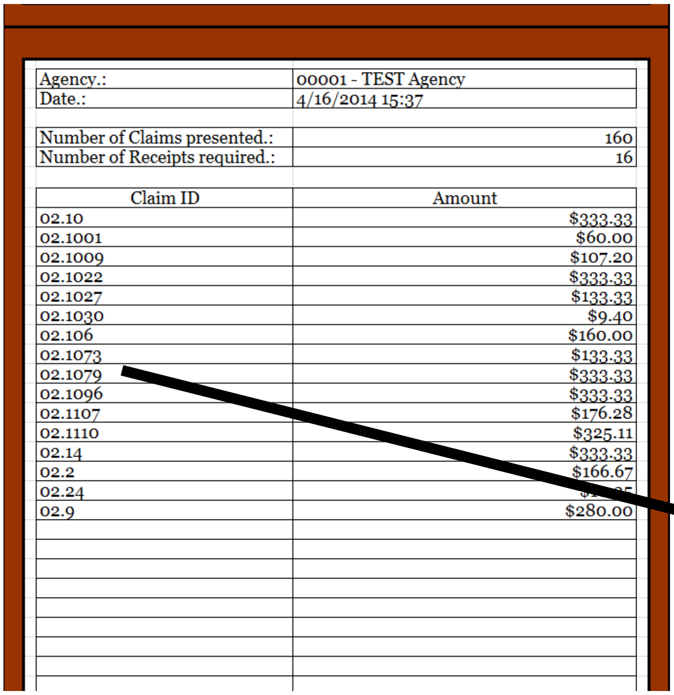
DATE

RECOMMEND FOR PAYMENT
CONTRACTING STATE AGENCY'S AUTHORIZED CERTIFICATION

TITLE

DATE

Once the provider has verified that all transactions have been entered for the active month (or quarter), the Certification Pages will be printed. The signing authority will sign this page, with their title and date. The Certification pages will then be scanned as a PDF file and emailed (see "Secure Emailing" below) to the Department at DIDD.FamilySupport@tn.gov.



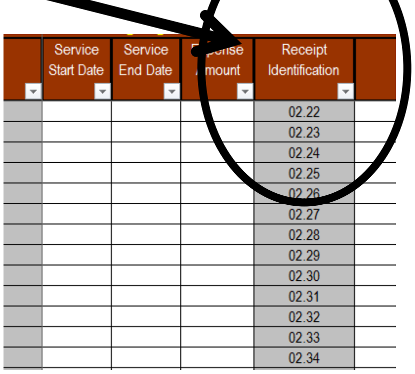
Agency.:	00001 - TEST Agency
Date.:	4/16/2014 15:37

Number of Claims presented.:	160
Number of Receipts required.:	16

Claim ID	Amount
02.10	$333.33
02.1001	$60.00
02.1009	$107.20
02.1022	$333.33
02.1027	$133.33
02.1030	$9.40
02.106	$160.00
02.1073	$133.33
02.1079	$333.33
02.1096	$333.33
02.1107	$176.28
02.1110	$325.11
02.14	$333.33
02.2	$166.67
02.24	[illegible]
02.9	$280.00

Receipts are now required for 10% of all claims submitted by the provider. Each transaction will have a "Receipt Identification" number to correspond with it.

The receipts will need to be scanned into a PDF document. This file will be emailed to the Department, at DIDD.familysupport@tn.gov, with the Claims Report.

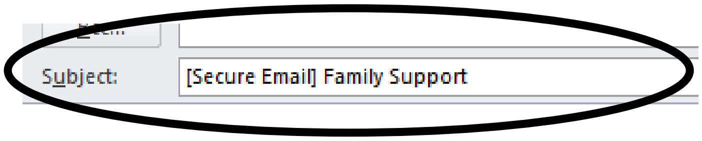


	Service Start Date	Service End Date	Expense Amount	Receipt Identification	
				02.22	
				02.23	
				02.24	
				02.25	
				02.26	
				02.27	
				02.28	
				02.29	
				02.30	
				02.31	
				02.32	
				02.33	
				02.34	

SECURE EMAILING

Secure Email communication is necessary because of the growing regulatory requirements and security concerns. Secure Email is needed for the protection of information that may be specific to an individual's demographics, health services or specific enough to identify that individual and is thus covered by the Health Insurance Portability and Accountability Act (HIPAA).

The Department wants to ensure that we adhere to all HIPAA requirements. For this reason, when emailing the Family Support Claims Report, the workbook will be password protected and the email will be sent via an encrypted email through our secure internet server in order to comply with HIPAA regulations. This is done by putting [secure email] in the subject line. The Department also encourages each provider to have ONE (1) individual tasked with the responsibility of transmitting the data.



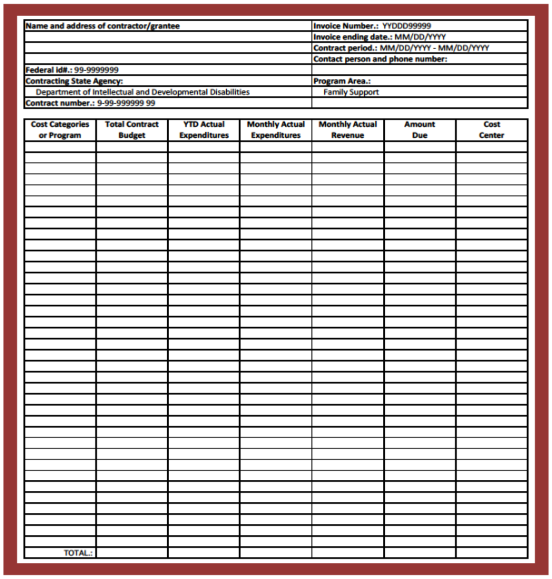
Subject: [Secure Email] Family Support

The workbook will be password protected by the Department. Each year the provider will receive two (2) separate passwords in two (2) separate emails. The first half of the password is a lock and will never change. The 2nd half of the password is the key and will change each time the provider receives a new spreadsheet from DIDD.FamilySupport@tn.gov.

INVOICING

The purpose of invoicing is to meet the requirement under Policy 03 of the Department of Finance and Administration (F&A), while generating an invoice that will be processed for payment against the claims submitted by the Family Support Provider.

The provider is required to submit the Family Support Claims Report to the Department on the 30th of the month following the month (or quarter) for which claims are being processed. The claims will be reviewed and verified by the DIDD State Coordinator for Family Support. A 10% sample audit will be conducted on all claims submitted. Once the claims have been verified, an invoice will be generated by the system for the total amount of the claims. A 15% administrative expense will be automatically included.



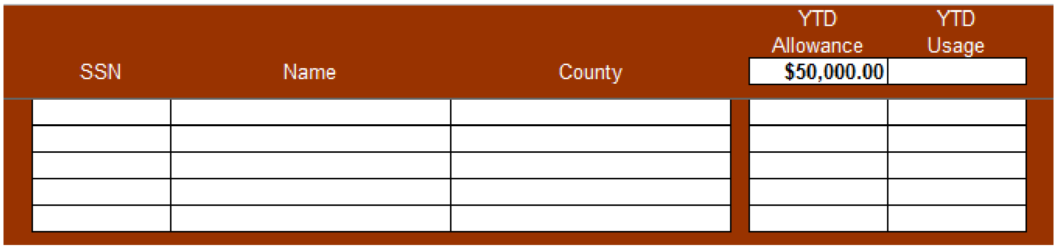
Name and address of contractor/grantee	**Invoice Number.:** YYDDD99999
	Invoice ending date.: MM/DD/YYYY
	Contract period.: MM/DD/YYYY - MM/DD/YYYY
	Contact person and phone number:
Federal id#.: 99-9999999	
Contracting State Agency:	**Program Area.:**
Department of Intellectual and Developmental Disabilities	Family Support
Contract number.: 9-99-999999 99	

Cost Categories or Program	Total Contract Budget	YTD Actual Expenditures	Monthly Actual Expenditures	Monthly Actual Revenue	Amount Due	Cost Center
TOTAL.:						

Once the invoice has been generated the DIDD State Coordinator for Family Support will compare the amounts on the invoice against the amounts on the Certification Page that was signed and submitted by the provider. It there is a discrepancy between the amount on the Certification Page and the Invoice, this could be the result of reductions due to denied claims. The invoice will be forwarded to A/P for payment.

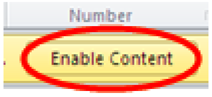
YTD-USAGE

The "YTD-Usage" tab provides the Family Support Program provider a running year to date (YTD) running total per individual of the dollar amount used at the close of the last month (or quarter).



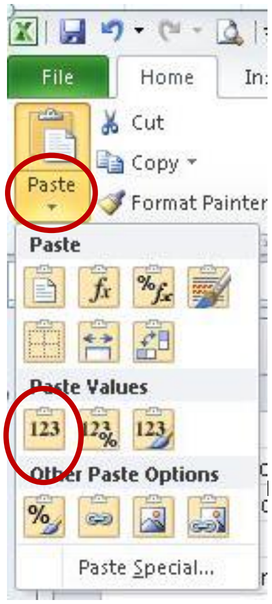
SSN	Name	County	YTD Allowance	YTD Usage
			$50,000.00	

HELPFUL HINTS & FREQUENTLY ASKED QUESTIONS



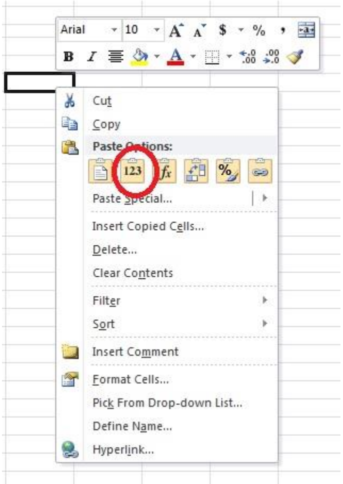
Enable Content - The first time you open the Claims Report you may receive a warning telling you that some of the content or macros have been disabled. There will be a button that will allow you to enable the content. This needs to be done before making any changes to the report.

To "Copy and Paste" – The Claims Report will allow for pasting data from a separate data source. However, due to the fact that the report is protected and some of the cells/columns are also protected, pasting data has to be done in phases. You may paste the data per column or you may paste the data in sections. It is recommended that the data in the source document be structured in the same columns as the Claims Report. This will allow for easier processing when copying and pasting. When

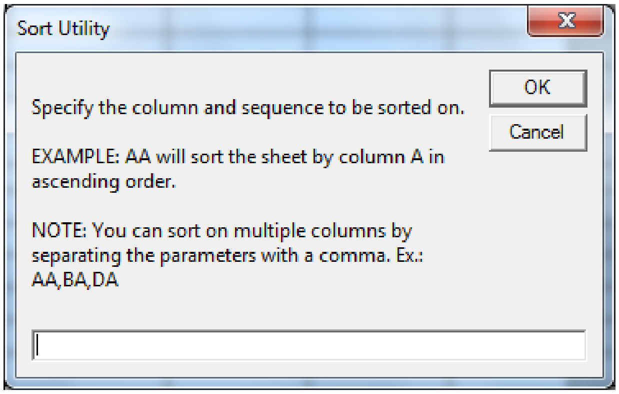


pasting data from the data source, it is recommended that you select “Paste Value.”

Paste Value pastes only the value of the copied data as displayed in the cell(s). After you have selected the data from the source document, you will place your curser in the cell in which you wish to past the data in the Claims Report, then select “Paste Value.” This can be done two (2) different ways.


Arial
10
Cut
Copy
Paste Options:
123
Paste Special...
Insert Copied Cells...
Delete...
Clear Contents
Filter
Sort
Insert Comment
Format Cells...
Pick From Drop-down List...
Define Name...
Hyperlink...

- You can select “Paste Value” from the tool bar. Click on the button below the clip board button, this will give you several paste options. In the “Paste Value” section, click the “123” button.
- You can select the “Paste Value” from right clicking on your mouse. After right clicking on your mouse, a shortcut menu will appear. Under the Paste Options, you will click on the “Paste Value” button. Typically it is the second button and shows the “123.”


Sort Utility
OK
Cancel

Specify the column and sequence to be sorted on.

EXAMPLE: AA will sort the sheet by column A in ascending order.

NOTE: You can sort on multiple columns by separating the parameters with a comma. Ex.: AA,BA,DA

To Sort a column(s) – Ctrl+Shift+S – By pressing Ctrl+Shift+S, you will open the sort function. You will be able to sort up to three (3) columns.

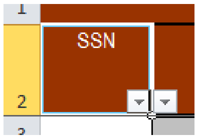
- You will enter the column by which you want to sort. For example, if you want to sort by Last Name, you will enter B. If you want to sort by County, you will enter I. Then you will need to tell the function if you want to sort the data in ascending or descending order. This is done by entering an A or D after the column. After you have entered the column by which you wish to sort, and the order sequence, press the OK button.
- To Sort by multiple columns you would enter the primary sort column and the order sequence, separated by a comma then the secondary sort column and the order sequence. You may also enter another comma and a third sort column.

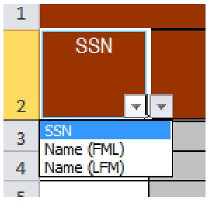
To filter data - All columns have the capability to "filter" the information being displayed.

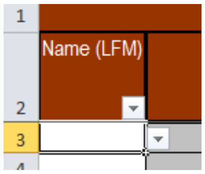
Example: In the Population tab, if you wish to look at only individuals from a particular county, you would click the arrow ▼ in the column header to display a list in which you can filter choices. Unclick the "Select All" box to unselect all and then select the county you with to view by checking the box beside it. This can also be done if you want to filter out only those who have a particular disability.

Select by NAME – Within the Population page you can select the individual by their SSN or Name. The system is setup where selection of the SSN is default. If you want to select by Name, first or last, you can change the settings.

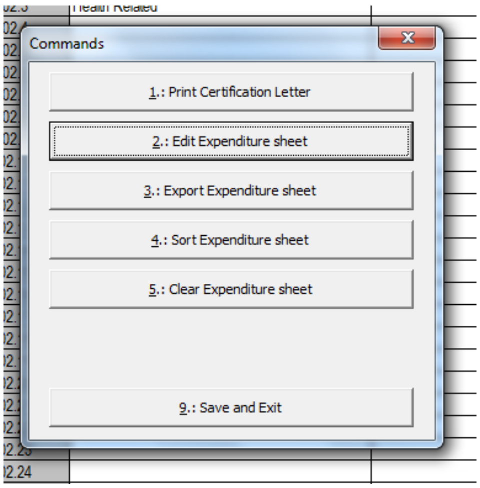
Place your cursor over the SSN header box and click. This will give you a second arrow to the right of the box. Click on the arrow then click on your chose based on how you wish to select the individuals.




1
2
3
4
SSN
SSN
Name (FML)
Name (LFM)


1
2
3
Name (LFM)

Command Button Popup – This feature is a built in function to assist the user. On each of the tabs the user can press Ctrl+Shift+C and the Command Button popup box will appear. Depending on the tab you are on different options are available.


Commands
1.: Print Certification Letter
2.: Edit Expenditure sheet
3.: Export Expenditure sheet
4.: Sort Expenditure sheet
5.: Clear Expenditure sheet
9.: Save and Exit

- From Certification Page;
  - Print Certification Letter
  - Print YTD Usage Report
  - Save and Exit

- From Population Page;
    - Print Certification Letter
    - Print YTD Usage Report
    - Edit Population sheet
    - Export Population sheet
    - Sort Population sheet
    - Save and Exit
- From Expenditure Page;
    - Print Certification Letter
    - Print YTD Usage Report
    - Edit Expenditure sheet
    - Export Expenditure sheet
    - Sort Expenditure sheet
    - Clear Expenditure sheet
    - Save and Exit
- From YTD Usage Page;
    - Print Certification Letter
    - Print YTD Usage Report
    - Save and Exit

Can I insert a line or column into the Claims Report workbook? No. The workbook is protected and will not allow for editing.

After I paste the Social Security Numbers into the Expenditure tab, I do not see the names. Am I doing something wrong? No. The workbook has several functions that are taking place and this causes the name, or other data, to not appear until you leave the Expenditure tab and return. Simply click on one (1) of the other tabs and back into the Expenditure tab and all the names will appear.

I have copied my data but I cannot edit it. Can I not copy and paste to the Claims Report? Yes, you are able to copy and paste. However, if you copied your data from a document that is protected or locked and did not use "Paste Value" when copying and pasting the data is still protected or locked from the original data source.

Can I change the name of the workbook? No. The department has named the file as it relates to the agency and the reporting period. The file name is used to properly store and maintain the date once it is received by the Department.

My company uses a third-party secure email system; can I use it to send the Claims Report to the Department? No. The Department's Secure Email system, which is mentioned above, needs to be used for both the sending and receiving of this workbook.